08787

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queene Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queene Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Mathilda (Last) Berrymon
4. DATE OF DEATH (Month) 8 (Day) 4 (Year) 52

5. SEX F
6. COLOR OR RACE C
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH Sept 9-1885
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Reese
14. MOTHER'S MAIDEN NAME Louisa Hales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wm. Reese--Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 1 wk

443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — Unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1952, to 8/2, 1952, that I last saw the deceased alive on 8/2, 1952, and that death occurred at 9 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Gulbrandsen, MD. ADDRESS Chestertown DATE SIGNED 8/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 7
NAME OF CEMETERY OR CREMATORY Rich Neck
LOCATION (City, town, or county) (State) Rural Chestertown, Md.

DATE REC'D BY LOCAL REG. 8-5
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

RECEIVED
AUG 8 1952
BUREAU V. S.

08788

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2521

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Centreville
LENGTH OF STAY (In this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Centreville
STREET ADDRESS (If rural, give location) Centreville - Rural Rt #1

3. NAME OF DECEASED (Type or Print) (First) William (Middle) James (Last) Hollis

4. DATE OF DEATH (Month) Aug. (Day) 4 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Dec. 29, 1869
9. AGE last birthday 82 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Hollis
14. MOTHER'S MAIDEN NAME Elizabeth (Maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Ida A. Smith - Church Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial insufficiency	2-4 yrs
443X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1951, to July, 1952, that I last saw the deceased alive on July 18, 1952, and that death occurred at 6 30 A.m., from the causes and on the date stated above.

SIGNATURE G. Wm. Martin, Jr. (Degree or title) MD. ADDRESS Queenstown, Md. DATE SIGNED 8/4/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 6-52
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) Centreville (State) Md

DATE REC'D BY LOCAL REG. Aug. 4-52
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1952
BUREAU V. S.

08789

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2521

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Leon (Last) Hynson

4. DATE OF DEATH (Month) Aug (Day) 28 (Year) 1952

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 10, 1951
9. AGE last birthday yrs. If under 1 year Months 9 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Leon Hynson
14. MOTHER'S MAIDEN NAME Bertha Mae Denby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fulminating Enteritis

571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27, 1952, to Aug 28, 1952, that I last saw the deceased alive on 8/27, 1952, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE Fred P. Shepherd, M.D. (Degree or title) ADDRESS Queenstown DATE SIGNED Aug 28, 1952

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF Aug 29-52 NAME OF CEMETERY OR CREMATORY Roseville LOCATION (City, town, or county) Near Church Hill (State) Md

DATE REC'D BY LOCAL REG. Aug 28-52 REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

10 X 0172404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 4 1952
BUREAU V. S.

08790

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Chester, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City
STREET ADDRESS (If rural, give location) 43 S. Kassoth St

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) J. (Last) Kempter

4. DATE OF DEATH (Month) Aug (Day) 5 (Year) 1

5. SEX Female

6. COLOR OR RACE White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH Jan 14 1911

9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator C & P Tel Co

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Whalen

14. MOTHER'S MAIDEN NAME Katie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 217-09-6644

17. INFORMANT AND ADDRESS Mrs Jos. Coombs - 1547 Kingsway Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) auto accident

825.9 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broken neck.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS Centreville Md DATE SIGNED

W. Henry Fisher M.D. Deputy Med Exam for Q. A. Co Md 8/6 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 9-52

NAME OF CEMETERY OR CREMATORY London Pl

LOCATION (City, town, or county) (State) Fred Ave Balto Md

DATE REC'D BY LOCAL REG Aug. 6-52

REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Geo H. Reimbach ADDRESS 525 N Lynnhurst St. Baltimore, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 11 1952
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 253 (08791)

1. PLACE OF DEATH:
COUNTY Queen Annie's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annie's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) FILLMORE (Middle) (Last) KING

4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: ? ? 1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Laborer
11. BIRTHPLACE (State or foreign country): Queen Anne Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Denot Lucas
14. MOTHER'S MAIDEN NAME: Hannah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: Do not know
17. INFORMANT & ADDRESS: Russell N. Cornish, Chester, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Cardiac Dilation — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

DUE TO

Antecedent cause(s) (b) Arterio Sclerosis — 6 yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1952, to Aug 27, 1952, that I last saw the deceased alive on....., 19....., and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE Wilson E. Tyndall (DEGREE OR TITLE) ADDRESS Stevensville DATE SIGNED 8/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug 28-52
NAME OF CEMETERY OR CREMATORY Chester Church Cemetery
LOCATION (City, town, or county) Chester Maryland (State)
DATE REC'D BY LOCAL REG. Aug 28-52
REGISTRAR'S SIGNATURE Elizabeth Hopper
24. FUNERAL DIRECTOR Barton Bros Centreville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
SEP 3 1952
BUREAU V. S.

Item 21 Film G146 9-3-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08792

254

Reg. Dist. No. ~~[illegible]~~

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Narrows
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Narrows
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Calvin (Last) Murray

4. DATE OF DEATH (Month) Aug (Day) 23 (Year) 1952

5. SEX Male

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 11/25/1907

9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oyster Shucker

10b. KIND OF BUSINESS OR INDUSTRY Oyster Packers

11. BIRTHPLACE (State or foreign country) Skidmore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Murray

14. MOTHER'S MAIDEN NAME Annie Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Non (If yes, give war or dates of service) None

16. SOCIAL SECURITY No. Do not know

17. INFORMANT AND ADDRESS Lillian Thomas 4 Clay St Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Public (CITY OR TOWN) Narrows, Md. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 8-23-52 m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Assumed he fell off wharf in 2½ ft. water and floundered around not able to get on his feet.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher (Degree or title) M.D. ADDRESS Centreville Md Deputy Med Exam for Q.A. Co Md DATE SIGNED 8/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug 26-52 NAME OF CEMETERY OR CREMATORY Brewer Hill LOCATION (City, town, or county) Annapolis (State) Maryland

DATE REC'D BY LOCAL REG. 8-25-52 REGISTRAR'S SIGNATURE ~~[illegible]~~ 8/26/52 Helen Aldredge

24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 26 1952
BUREAU W. S.

08793

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown; LENGTH OF STAY (In this place) 4 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Webster (Last) Woolford

4. DATE OF DEATH: (Month) August (Day) 2, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Oct. 15, 1874

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Oyster

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Lewis Woolford

14. MOTHER'S MAIDEN NAME: Lucy Gould.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Had none.

17. INFORMANT AND ADDRESS: Daughter - Mrs. Alice Seeney, Queenstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intra-cranial hemorrhage	10 days.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐: —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept., 1951, to Aug. 2, 1952, that I last saw the deceased alive on Aug. 2, 1952, and that death occurred at 8 50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): G. Wm. Martin, Jr. MD

ADDRESS: Queenstown, Md.

DATE SIGNED: 8/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: August 5, 1952

NAME OF CEMETERY OR CREMATORY: Wesleyan Cemetery

LOCATION (City, town, or county) (State): Hillsboro, Md.

DATE REC'D BY LOCAL REG. 8-4-52

REGISTRAR'S SIGNATURE: Helen M. Aldridge

24. FUNERAL DIRECTOR: Dalton Bros.

ADDRESS: Centreville - Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 6 1952
BUREAU V. S.